Application For Motor Vehicle Property Tax Exemption Or Exemption Benefit For Connecticut Residents On Active Military Duty Who Are Stationed Outside The State of Connecticut On The Assessment Date

This form must be completed and returned to the assessor of the town in which the vehicle described below is subject to taxation, not later than the thirty-first day of December next following the date the property tax is due. The assessor may require you to submit information verifying a motor hicle lease. Failure to file by the deadline constitutes a waiver of the right to claim the property tax exemption or refund under §12-81(53).

	/harainaf	ter the assessment da	ate) I was an active	e duty member o	of the United States An	ned Forces.
On October 1,	, (Hereman		医骶骨髓 化二甲二甲二甲二甲二甲二甲二甲二甲二甲二甲二甲二甲二甲二甲二甲二甲二甲二甲二甲	Company to the company of the compan		
2. I have been an active	duty Armed Force	s service member sin	ıce		•	
		The second of th	<u>(I)</u>	Ao/Date/Yr)		
As a result of my off	icial military orders	, I was not in Conne	cticut on the asses	sment date.	Yes □ No □	
On that date, I was a	ttached to the follow	ving duty station, wh	nere my vehicle wa	as garaged:		
						•
Permanent address of	n assessment date:					
			Number & Street		City or Town	State & Zip Cod
,		Vel	nicle Informatio	n		
Vehicle Registration	(Plate) Number:		Make, Mo	del and Year:		
On the assessment d	ate, this vehicle was	Owned \square	Leased □	by me.	(For leased vehicle, co	mplete 8, 9 and 10.)
Leased From:		To:	Lessor:			1. 2
Lessor Address:	(Mo/Date/Yr)	(Mo/Date/Y	r)	(Na	me of vehicle owner as it	appears on lease)
·	· N	lumber & Street or PO	Box		City or Town	State & Zip Code
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Application For A Refund Of The Tax Paid On A Motor Vehicle Leased By A Veteran Or A Veteran's Survivor(s) Eligible For Property Tax Exemptions Under CGS §12-81(19), (20), (21), (22), (23), (24), (25) or (26)

This form must be completed and returned to the assessor of the town that taxed the vehicle described below, not later than the thirty-first day of December next following the assessment year during which such tax was paid. The assessor may require you to submit motor vehicle lease verification information. Failure to file by the deadline constitutes a waiver of the right to claim a refund under §12-93a(b). Only the town that received the tax payment on the vehicle can issue a refund. If you are not a resident of that town, you must file this application with the assessor of the town that taxed the vehicle, and you must have filed a nonresident affidavit with the assessor of that town under the provisions of §12-94.

			Clair	mant Infor	mation					
1.	Claimant's name:			2. Na	me of claima	nt's spous	e:	<u> </u>	-	
3.	Claimant's address:									
			Number & Street		 	City o	or Town	÷	State &	Zip Code
4.	This claim is submitted	I for the assessment	late of October 1,					•		
5.	Vehicle Registration	Number:		Ma	ke, Model ar	nd Year:				
6.	Leased From:		To:	Lesso	r:		· ·			
	· · · · · · · · · · · · · · · · · · ·	(Mo/Date/Yr)	(Mo/Date/Y	r)		(Nam	e of vehicle ov	vner as it ap	pears on le	ase)
7.	Lessor Address:								•	
			Number & Street or PC) Box			City or Town		State &	Zip Code
8.	Leased to:			8. Relat	onship to cla	aimant				
						\$*		(Self, Spo	use, and et	c.)
9.	If lessee is spouse of	claimant, do spou	se and claimant reside	together?	Yes □	No □				
10.	Has there been a cha	nge to vehicle sin	ce assessment date?	Yes □	No □	If Yes, e	xplain.			
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	e and accurate to the b			· · ·				· · · · · ·		
				Signatur	e of Claima	nt			Date	
inear		For Municipal	Use Only - Certific	ation Of T	ax Refund	For A Le	ased Vehicl	e		
Reg	gular Grand List 🏻	Supplemental	Grand List □	Vehicle	Assessment	: \$				
			Town □	Les	ser Taxing D	istrict 🗆		•		
					unt.	_		District Na	me	
	emption alance: \$	·	X Town Mill Rate = Available Benefit:	\$			strict Mill Ra ailable Benef			
Am	ount of Town Tax:	\$		An	ount of Dist	rict Tax	\$	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
		Assessmen	t X Town Mill Rate				А	ssessment	X District	Mill Rate
Tov	wn Refund Amount:	\$	· · · · · · · · · · · · · · · · · · ·	D	istrict Refun	d Amount:	\$			· · · · · · · · · · · · · · · · · · ·
	Refund A	lmount: Enter d	vailable benefit, if l	ess than a	nount of ta	x. Othern	vise enter a	mount of	tax.	
Ref	und Approved □	Denied □ Re	ason for denial:				, ₹	·		
		of Assessor and I					Collector/Dis			_